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| **YEAR END CO-CURRICULAR PROGRAM REVIEW: REFLECTION, ACTION PLAN, & TIMELINE TO “CLOSE THE LOOP”****Based on your review of the co-curricular program, how should it be modified?****Refer to data from the Co-Curricular Event Reports as needed.** |

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| **EVENT NAME** | **IS CHANGE NEEDED? Yes or no** | **PERSON RESPONSIBLE** | **REFLECT ON EACH EVENT AND EXPLAIN NECESSARY CHANGES** | **DATE TO BE FINISHED** |
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| **UARM Rubric for Co-Curricular Programs Assessment****Program or Unit: Date:** |
| **Part I: Submission & Documentation** | **Satisfactory** | **Unsatisfactory** | **Comments/Notes** |
| Program Assessment submitted on time |  |  |  |
| Documentation supports program sustainability |  |  |
| **Part II: Reporting on Outcomes** | **Satisfactory** | **Unsatisfactory** | **Comments/Notes** |
| Report indicates that participant feedback opportunities were available for events (Table 1) |  |  |  |
| Report clearly indicates which outcomes were reported on (Table 1) |  |  |  |
| Report describes evaluation methods used (Table 1) |  |  |
| Methods used are appropriate for the outcome(s) being assessed (not just participation rates) (Table 1) |  |  |
| Report aligns events with Strategic Plan goals (Table 2) |  |  |
| Budget information is complete for each event (Table 3) |  |  |
| Overall success ratings are justified with sufficient detail (Table 4) |  |  |
| Staffing/training needs are explained (Table 4) |  |  |
|  |  |  |
| **Part III: Plan for Following Year** | **Satisfactory** | **Unsatisfactory** | **Comments/Notes** |
| Report identifies decisions based on the evidence and if appropriate potential actions to be taken for changes and/or improvements to the program. (Table 4) |  |  |  |
| Report identifies methods to be used to measure the following year’s outcomes and success of implanted changes (Table 4) |  |  |
| **Overall Feedback** |
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